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Exit Dr. Jenner :

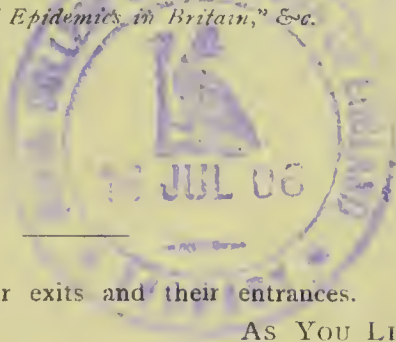
A SPEECH

AT THE ANNUAL MEETING OF THE NATIONAL
ANTI-VACCINATION LEAGUE IN CAXTON HALL, WESTMINSTER,
ON 27TH FEBRUARY, 1906,

BY

C. CREIGHTON, M.D.

Author of "Natural History of Cowpox and Vaccinal Syphilis,"
"Jenner and Vaccination: a Strange Chapter of Medical History,"
"A History of Epidemics in Britain," &c.



They have their exits and their entrances.

AS YOU LIKE IT.

LONDON:
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A Speech at the Annual Meeting of
THE NATIONAL ANTI-VACCINATION LEAGUE
in Caxton Hall, Westminster, on 27th February, 1906,
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LADIES AND GENTLEMEN,

It has been usual at this afternoon Conference of the Annual Meeting for the chair to be taken by the Chairman of the Executive Council; and on many occasions our late esteemed and regretted Chairman of Council (Mr. Hopwood) has been here to welcome you with his genial presence and to direct your deliberations by his large knowledge of Parliamentary and public affairs. His place has been hard to fill, and is still in commission, so that the duties of it are discharged from time to time by such scratch men as can be found; and that is why I am here to-day—pleased at the same time to meet some old friends, and, I hope, to make acquaintance with some new.

The meeting this year is held under unusual circumstances of encouragement. For nearly twenty years, I think ever since I have had anything to do with it, there has been something like an east wind blowing. Now the wind has changed, and, as Mr. Corrie Grant correctly stated in the letter which has just been read, everyone belonging

to our movement is in fairly good spirits and hopeful of something to come out of it at last. (Hear, hear). The new House of Commons contains a good many who have been our friends before they stood for Parliament at all, and who hold reasoned convictions. It contains a good many more who do not sympathise with the tyranny which has been exercised upon the consciences of objectors, or with prosecutions such as those which took place in November last at Derby; and these men will be ready to support our claims, and may be trusted to vote when the time comes. The new House does not contain some of our most bigoted opponents. The last time that a Commons' division was taken on a Vaccination Bill, the Liberal Party, then in Opposition, voted with its full strength in our favour, the tellers being the party whips. They were led by Sir Wm. Harcourt, and the whole force of the Liberals present in the House voted to omit the word "satisfy" from the Conscience Clause. That is a good omen of what they can do now they are in power. They were 101 to 158 in number then; now, the proportion, I suppose, would be something like 400 to 100. As that was a party division, and as the debate was in the hands of the leaders—it was sustained by Sir. Wm. Harcourt, Sir Henry Fowler, Mr. Asquith and others,—we have some reason to expect that they will concede promptly and readily that part at least of our claim, in striking out the word "satisfy" which has reduced the clause to a farce,—unless indeed, they ask us to wait for something more worth our while. (Voices "Hear, hear," and "Something more"). The resolutions which are to be spoken to cover all the ground of our Parliamentary cause; therefore I shall not occupy any of your time by any remarks of mine upon what so

many of you here are more competent to speak upon than I am.

A SCIENTIFIC CHANGE OF FRONT.

We enter upon this year, as I have said, with changed political prospects, an entirely changed situation, which promises something to come out of it. But from my point of view, and on the side of the question that I have been studying most, and am most interested in, there seems to me to have been as marked a change,—although it has been more subtle, more gradual, and unperceived—an entire change of front on the part of the Vaccination Department of the Government, a change which we have still to fish for and read between the lines about, and disentangle as best we can, owing to the secrecy which has been practised. Let me recall in a few words what Parliament has intended by “vaccination” and “vaccine lymph” within the meaning of the Act. (Hear, hear). Going as far back as we can go, to the grant of £10,000 in 1802 to Dr. Jenner, that grant was entered in the Commons’ Journals as given to him “for promulgating his discovery of the Vaccine Inoculation,” and the same phrase was repeated when he got £20,000 more five years afterwards. All the time he was moving to get Variolation—*i.e.*, the insertion of smallpox matter—put down by law. It had been in this country since 1722 with varying degrees of success, and was widely spread in England and Scotland at the time when Dr. Jenner introduced his cowpox matter. There was a strong body of opinion both in the medical profession and among laymen in favour of variolation, and Dr. Jenner was moving to get smallpox inoculation put down by law, as early as 1802, the celebrated William

Wilberforce being one of those who backed him. Just before Dr. Jenner got his second grant—this time, £20,000—the College of Physicians were asked by Government to inquire why vaccination was making so slow progress, and they gave it as one reason, perhaps their principal reason, that so long as inoculation of smallpox was allowed to go on vaccination would not have a fair chance. Next year, 1808, a Bill was introduced which proposed to put inoculation down by penalties, but it was thrown out. In 1813, the National Vaccine Board, which was the Government establishment for vaccination at that time, promoted another Bill which, if passed, would have resulted in putting down the old inoculation and the establishment of Jenner's vaccination at the expense of the poor rate. That was fought in the House of Lords by the Law Lords, and thrown out. From that time for the next 27 years, nothing more was heard against the old inoculation, which went on flourishing, and was so powerful a rival of Jenner's cowpox, that the latter, in spite of all the money voted for its discovery, was likely to go under. Then in 1840 came the first Vaccination Act which Dr. Baron, Jenner's executor, had been working for. It was not a compulsory Act. It was only an Act to enable the Poor Law Guardians to pay for the vaccination of infants of the working classes out of the rates without pauperising those who got the benefit of it. But the Bill contained a clause to stop the old inoculation altogether, which had been a thriving rival, always going side by side with Jenner's, up to that time. The clause was directed in the first instance against amateurs and empirics; but a former editor of the *Lancet* Mr. Wakley, who was member for Finsbury, got the clause amended so as to include medical men, so that the use of

smallpox matter was prohibited to all by Section 8 of the Act of 1840, under a penalty of imprisonment in the Common Gaol or House of Correction for any period not exceeding one month.

THE LAW A TWO-EDGED SWORD.

That is the law of England at the present time. It is also the law of Ireland. For some reason it is not the law of Scotland. So far as I know it has never been put in motion; but in 1878, the Irish Local Government Board, having heard of some eccentric person who was going to use smallpox matter for the manufacture of his calf lymph, threatened to prosecute. At the time when all the vaccination laws were consolidated in the Act of 1867, that penalty against the use of smallpox matter was carried forward and embodied in what is known as the Foundation Act, so that at present it is part of the vaccination law. Most of you know Section 31. If any of you were imprisoned at Derby in November last you will have cause to remember it. It was under Section 31 that the proceedings were taken, so that the penalty was doubled, although the magistrates ordered the two terms of imprisonment to run concurrently. Well, after Section 31 comes Section 32, which imposes a penalty of a month's imprisonment upon persons inoculating with smallpox. As I have said, the law has never been put in motion under that Section, so far as I know. But they say, that if you keep a thing long enough you will find a use for it. (Laughter). Whether we are likely to find any particular use for that Section in the future, I do not know, and should not like to prophesy; but one very useful purpose that it serves at the present time is to show how clearly from first to last in Parliamentary history the

inoculation of cowpox was distinguished from the inoculation of smallpox. (Hear, hear). The two things in our law are not only separate, but the one is enforced upon all, while the other is prohibited to all. (Applause). That is the law, and it is more than an accident that the law is there, because the whole merit of Jenner, as it was understood at the time, the reason for granting him the £30,000, was that he had found a better kind of matter than the old smallpox matter. There was, as you know, the fear that the smallpox matter would disseminate contagion of smallpox if it was used in the way of inoculation.

OFFICIAL ILLEGALITY.

What I am coming to is this. You must have been aware for a number of years past that our Medical Department, that is to say the medical officials of the Civil Service who are entrusted with the administration of the Vaccination law, have been hankering after the old smallpox matter. (Hear, hear). There is no question whatever that they have been hankering after this old smallpox matter; and whether they are ignorant of Section 32 or whether they are bluffing I don't know, but they have been trying to establish stocks of lymph with matter derived from smallpox, in the teeth of Section 32 which puts it down. The laxity with which this has gone on is apparent in the way they use the words that are only meant to be used within the meaning of the Act. It is clear to everyone, it is more clear in the vaccination law of England and Ireland than of other countries, that within the meaning of the Act vaccine lymph and vaccination always mean cowpox and nothing but cowpox, and that the words cannot be turned to mean anything else. Yet if you read the blue books which are submitted to

Parliament by those men, who are the servants of the State and are administering this very law under which prosecutions are instituted, you will find them use these words "vaccine lymph" and "vaccination" in a sense outside the meaning of the Act altogether. (Hear, hear). They use these words to mean smallpox matter which has been inoculated upon calves, that is to say, they apply the language of the Act,—which has a strictly legal meaning and a technical meaning, and cannot be used in any other way by the officers of the State who are administering that Act,—they use that language as if it were suitable also for the very thing which the law itself condemns. You will find the article by Dr. Copeman in the Supplement to the *Encyclopædia Britannica*, and papers by him in the Proceedings of the Royal Society, and a book of his, and a lecture he gave at Manchester, to be pervaded by that use of the words "vaccine lymph" and "vaccination." He talks of "smallpox vaccine," and of "vaccination" with it, just as if the law did not carefully distinguish between the two and forbid by implication the use of the term "vaccine" to the matter he is describing. When an official of the Government speaks of his experiments in such language, what are we to understand when they use the same language for the lymph which they now send out—glycerinated calf lymph? How are we to know whether it is made from cowpox, which is the only legal form, or whether it is made from smallpox? If there is laxity in the one thing, there is ambiguity in the other, although in the administrative matters the greatest secrecy is observed. I was reading only this morning the report of Dr. Kelsch who was sent by the Paris Académie de Médecine to inspect the calf-lymph laboratories of various capitals in Europe.

Among others he came to London. In Lamb's Conduit Street he saw a heifer "covered by a fine eruption," but he says that Dr. Blaxall was by no means satisfied with it. The eruption was opaque and yellowish, and Dr. Kelsch queries whether the vesicles did not contain pus. It had been got by inoculating smallpox upon two apes in succession, and afterwards upon a series of two calves, and then at last upon this heifer; and Dr. Kelsch, in reporting the results of his mission in Nov. 1904, says: "we are ignorant if that culture has been continued." Probably no one would know except Dr. Blaxall himself. There is no reason why any citizen of this country should go as a spy to see what is done in a public matter, and I believe that we now have at the head of the Local Government Board a man who is well able to take the measure of those gentlemen and bring them to book.

SMALLPOX LYMPH SENT OUT.

I have reason to believe that smallpox matter is widely distributed at the present time. One proof of the use of it is got from observing what happens upon the arm. Those of you who have read Mr. White's book, or who have followed our literature for the last 20 years or more, must remember how much was made of the question of marks. At the time of Seaton and Marson, in the year 1867, everything was made to turn upon the size and quality of the marks. The proper cowpox scar was a peculiar object. I have one on my arm which I think would get a bonus even at this time of day. And this peculiarity was, and the excellence of them was determined by, their area and the kind of surface, which was like the head of a thimble dotted

all over with small pits. They were clear that marks such as those were the test of good vaccination, of the protective power, and that they corresponded to the proportion of lives which were saved out of all who were attacked. If I am correctly informed a distinguished mathematician, Professor Pearson, has lately adopted these old data as the best proof of the efficacy of vaccination still. At that time Seaton and Marson thought so highly of these marks that they induced the Lords of the Treasury to sanction bonuses for them, 1/- a case, and from 1867 or 1868 down to the present time these bonuses have been paid, first by the Treasury and afterwards by the County Councils, to the extent of some £16,000 a year. Now, when the new Regulations were drawn up under the Act of 1898 the awards for successful vaccination were continued as under the Act of 1867, but the marks were struck out altogether. Inspectors go round once in two years or so, and see the books, and look at any arms they can find, and determine the awards according to principles best known to themselves; but some public vaccinators are not at all satisfied that they get fair play in regard to it, and occasionally write to the medical journals to ask on what principle the bonuses are awarded. The singular thing is, that whereas the Lords of the Treasury were induced to sanction these grants for marks of a particular kind, they are now given not for marks at all but for other reasons, partly for antiseptic precautions, for the avoidance of suppuration, and the like. Now the marks most often seen upon the arms of children are marks following suppuration, which the inspectors are very keen to detect so as not to give awards for. (Laughter). And a very acute and logical public vaccinator, Dr. Young,

who wrote to *The Lancet* a short time ago, pointed out that if you were to follow all the directions of the contract for asepsis and the like you were taking the very means to have no scars at all. Such "vaccination" leaves but a red stain of the skin, which fades after two or three weeks and finally disappears. I don't say that applies to every child's arm in the country. Especially in Scotland at the present time there are plenty of the old cowpox marks to be seen, because they have never adopted a supply of glycerinated calf lymph there, and do not want it. But in England the kind of matter supplied to the public vaccinators does not produce the old marks, and I say these marks are the real test of cowpox, and the other kinds of marks, or no marks, are the proofs of smallpox. That is a fair indication of what is going on. Then it so happens—you cannot always get illustrative cases, you cannot always get proof to the point—but a strange thing happened two or three years ago at a public school not a hundred miles from Godalming, of which the name is not allowed to be mentioned. Batches of tubes were sent down, 48 tubes in a batch or 24 tubes, and two boys were re-vaccinated from each tube. Nothing went wrong among them all except in the case of a boy aged 15 who belonged to the North. He left for the Christmas holidays on the 16th December, having been re-vaccinated on the 5th. He happened to be suffering from mumps about the time he left for his home. After his arrival he was for several days recovering from an attack of mumps, which had been epidemic in the school. On Christmas Eve, 19 days from his re-vaccination, he broke out in an eruption of smallpox. There was no doubt about the diagnosis; it was a fairly mild attack of smallpox, although the eruption seems to have been copious. It was two months before he

returned to school, and he was hardly back a week when he had a relapse of his smallpox all over his hands and feet and elsewhere; the boy himself, and his mother who came up to nurse him, recognised the pustules to be the same that he had had before. He was seen by four doctors who agreed that he should be isolated; so that the whole case was recognised to be an attack of smallpox following re-vaccination, and a relapse of the same. That is one case, authentically recorded by Dr. Pierce, of Guildford. It throws light upon other cases, because this curious relapse, a revival of the activity of the inserted matter, has been found many times, and is rather a puzzle. It means that they are using smallpox matter which has been preserved in glycerine and is apt to revive a few weeks after it has been first used. The evidence goes to show that, as in this boy's case the mumps was the determining thing—the state of fever bringing out the smallpox rather later—so some feverish state is the determining thing in those cases in which the original site of vaccination, or the skin near, gets covered by new pustules or vesicles when the child gets a feverish cold or such a fever as scarlatina. All that, which was absolutely unheard of in the old days of cowpox inoculation, is, I believe, due to smallpox lymph preserved in glycerine to make it keep. These are roundabout reasons, but I think we can get no better. Then we know that smallpox lymph is used without any disguise, above all in Germany, at the present time, and in Switzerland and in America and in India. There they have no law prohibiting the use of it, and they don't make much concealment of the fact that their stocks are sometimes although not invariably produced from smallpox matter;* and such being the case,

* Dr. Klesch occupies most of his Report to the Paris Académie de

and such being the avidity for, or hankering after, smallpox lymph which our own Vaccination Department has shown for the last few years, there is every probability that it is in circulation at the present time. I know that it is in circulation.

THE NEW "VACCINATION" MAY BE CONTAGIOUS.

Then why are we not getting outbreaks of smallpox from it? The reason why the old inoculation was put down was, that it spread the contagion of smallpox and was a danger to the community. Here again I can give you a curious instance, this time from Berlin. About 18 months ago this case was observed by a well-known physician of Berlin, Professor Baginsky, who is director of the Emperor and Empress Frederick Children's Hospital there, and he communicated the case to the Berlin Medical Society. Twin children at the age of 15 months were to have been vaccinated together, but one had suffered from eczema almost ever since birth and its vaccination was postponed. The other child was vaccinated. It was a very poor family, and both

Médecine (*Bulletin*, 8th November, 1904), with the question of smallpox lymph, which he was himself inclined to recommend for introduction into France. Writing of its use in a certain one of the countries which he visited, not named, he says: "Elle est même écrite dans la loi; celle —ci autorise les directeurs d'institut à renouveler leur semence avec la variole vaccine." Is it possible that he can mean the English law of 1898, which prescribes "glycerinated calf lymph, or such other lymph as may be issued by the Local Government Board?" This, of course, means cowpox lymph cultivated on the calf's belly and preserved in glycerine: it cannot possibly mean anything else so long as the foundation Act of 1867 stands unrepealed. Belgium was the only country in which he found the Government stock invariably renewed from natural cowpox of the cow, which could always be heard of in the farms advertising for it.

children lay together in bed. Before long the unvaccinated child broke out in one mass of violent confluent smallpox all over its face, head and neck, and elsewhere. It was a "frightful disfigurement," in Professor Baginsky's words. Whether it died or not does not appear ; but it was a very severe attack, and there is no doubt at all that it was a case of confluent smallpox caught from the inoculated child which lay in bed with it. Professor Baginsky calls it also "generalized vaccinia," (laughter), but it was confluent smallpox, and the "vaccination" it was caught from was smallpox too. That is only one case. But if you go back to the old records of inoculation of the 18th century, which I have followed at considerable length in more than one book, you will find it was almost as difficult to get proof of the communication of smallpox then as it is now. There are only such indications as one can pick up with a great deal of trouble. As I say, everything is done under the rose ; we are not told what is going on ; but these are the indications that we have abandoned, or are moving towards the abandonment of cowpox, that Jenner is thrown over, and that we are back at the old inoculation of the 18th century.

WHY IS JENNER THROWN OVER ?

Then the question may arise—Why have they abandoned Jenner and cowpox ? Well, criticism always tells in the long run, and there has been a good deal of criticism, as well as evidence, to discredit cowpox, arising from its nature and from its inherent properties ; and although medical men are not apt to admit much in public, or willing to climb down, there is a good deal of dislike of cowpox in the medical profession.

Not only so, but all the new developments of what is called immunity, the search for protectives of various kinds, begun by Pasteur for anthrax of cattle, and cholera of poultry yards, and subsequently extended to rabies, and carried on by others for tubercle, plague, tetanus, enteric fever, and so on—every one of these new developments, in which a great deal of intellectual capital is invested, if I may so speak, in the bacteriological laboratories of all Europe, and in which a large number of able and zealous men are engaged, have for their principle the old principle of inoculation of the 18th century, and Jenner's principle is in antagonism (as that was to prevent one disease by the inoculation of another). I do not think that we need concern ourselves, ladies and gentlemen, with the merits of those researches, or attempt to form a judgment whether they are likely to be useful or not; what is of interest to us is their principle. There was no precedent for Jenner's principle, and there has been nothing subsequently to support it. That, I think, has had great weight, so that by the pathologists, the researchers in bacteriological laboratories, the ground has been cut from under the feet of vaccination; and that is one reason why we are moving back to the old inoculation itself, which Dr. Jenner superseded and was rewarded for superseding.

There are various indications that Dr. Jenner's name and fame have fallen on evil days. One is, that the rich Institute of Preventive Medicine at Chelsea Bridge, which bore his name for two or three years, has had his name taken away from it, for a reason given which every one knew to be a pretext; and it is not the Jenner Institute any longer. They found before long that they had put their

money on the wrong horse. The very things they were going to introduce were in direct antagonism to the principle of Jenner, and it would have been a mockery to carry on the Institute under his name when every new research made in it upon immunity was to be on the lines of the old inoculation. Then there was a series of little books projected called "Heroes of Medicine," covering a number of names and subjects, and one of the heroes of medicine included in the prospectus was Dr. Jenner. It was to have been written by the late Mr. Ernest Hart, but he died unfortunately before it was finished. It was then undertaken by Dr. McVail; and now it is abandoned altogether, so that Dr. Jenner is not to be among the heroes of medicine.

GAGGING EFFECT OF THE LAW.

So the criticism to which I have referred, however obnoxious and resisted at the time it was offered, has told in the long run. Just to show how these things have been working, I find in the *Vaccination Inquirer* for November a very interesting statement, taken from a respectable German journal, the *Korrespondenzblatt* for public health, about the action of a university in Russia. Russia is I think one country in Europe in which the vaccination law is not compulsory, and one effect of that is, not only that parents are free, but medical men are free to express their opinions and think freely about the subject. Therefore when the Russian Government, having some notion of introducing compulsion, sent a circular to all the medical faculties of Russia to meet at a conference to consider it, it appears that for some reason the medical faculty of the University of Kharkoff (which is old-established, with a

large professoriate and many students) refused to join the conference and appears to have deputed six of their number, four professors and two directors of hospitals, to draw up reasons why they should not take any part in this proposed introduction of compulsory vaccination into Russia; and the reasons are set forth in the November number of the *Vaccination Inquirer*, (although I understand they are not quite recent). I refer to them here, not for support, but because the grounds they take are just exactly what we have been contending for for a long time past. One of these grounds is that Jenner's cowpox has not succeeded, whether on the large scale in preventing epidemics or in individual cases. Another reason is that vaccine is a dangerous thing to use, producing in some cases injury to the health, and sometimes leading to the death of the person vaccinated, as if playing with fire. But the first reason is, that it is difficult to reconcile vaccination with the principles of modern science, and particularly with the teachings of physiological pathology. That seems to mean what I have been saying—that the unanimous view of the modern researchers after immunity, bacteriologists and pathologists, is that Jenner's inoculation of cowpox is the one thing that stands out against their principles. It may seem strange that only one University—if these notions are held among the learned of Europe—that only one University should have taken it up; but it is not at all an easy thing for the professors of Universities in our own country—although it is easier for the professors of a university than for general practitioners—to say anything about it in opposition to the law of the land. This compulsory Jennerian law, although it presses hard upon parents and violates their sense of justice and their sense of

humanity towards the children, bears quite as hard upon medical men, inasmuch as it is a fetter upon their freedom of thought and freedom of speech.

These are the remarks, ladies and gentlemen, which I had in mind to make in opening the Conference, and I have now to call upon Dr. Scott Tebb to move a resolution.



